

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-10-02

* 01-348
 Scott R. Flick
 Shaw Pittman LLP
 2300 N. Street, N.W.
 Washington, DC 20037

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature
 D. Is delivery address different from item 1? ☐ Agent
 If YES, enter delivery address below: ☐ Addressee
☐ Yes
☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

DOCKET NO. 01-348

ORDER DATED

**CERTIFIED
 MAIL**

FCC 02M-111
 MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME: Scott R. Flick
 Shaw Pittman LLP
 2300 N. Street, N.W.
 Washington, DC 20037

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$.37	12-10-02
Certified Fee	2.30	01-348
Return Receipt Fee (Endorsement Required)	1.75	Here
Restricted Delivery Fee (Endorsement Required)		DEC 16 2002
Total Postage & Fees	\$ 4.42	MD-USPS-2003

Name (Please Print Clearly) (to be completed by mailer)
 Scott R. Flick
 Street, Apt. No., or PO Box No.
 2300 N. STREET, N.W.
 City, State, ZIP+4
 Washington, DC 20037

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2641